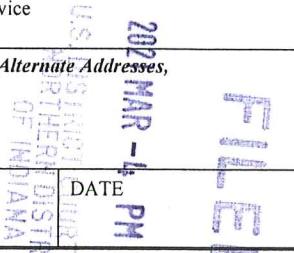


|  |                                  |
|--|----------------------------------|
| PLAINTIFF<br>Jeremy Huffman, Sr          | COURT CASE NUMBER<br>3:19-cv-169 |
| DEFENDANT<br>St Joseph County Jail et al | TYPE OF PROCESS<br>summons       |

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Nurse Lynn, LNU, Head RN at St Joseph County Jail**  
 AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**St Joseph County Jail, 401 W Sample Street, South Bend, IN 46601**

|   |   |
|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW          | Number of process to be served with this Form 285      1  |
| Jeremy Huffman, Sr. 16508-027<br>Beckley FCI PO Box 350<br>Beaver, WV 25813 | Number of parties to be served in this case      4  |
|   | Check for service on U.S.A. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  


|   |                                    |                  |      |
|---|------------------------------------|------------------|------|
| Signature of Attorney other Originator requesting service on behalf of: | <input type="checkbox"/> PLAINTIFF | TELEPHONE NUMBER | DATE |
|   | <input type="checkbox"/> DEFENDANT |                  | PM   |

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|  |                         |                                  |                                 |   |                                    |
|--|-------------------------|----------------------------------|---------------------------------|---|------------------------------------|
| I acknowledge receipt for the total number of process indicated.<br><i>(Sign only for USM 285 if more than one USM 285 is submitted)</i> | Total Process <b>44</b> | District of Origin No. <b>27</b> | District to Serve No. <b>27</b> | Signature of Authorized USMS Deputy or Clerk  | DATE <b>08</b> Date <b>21/1/21</b> |
|--|-------------------------|----------------------------------|---------------------------------|---|------------------------------------|

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

|  |                    |   |
|--|--------------------|---|
| Name and title of individual served (if not shown above) | Date <b>3/4/21</b> | Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
|--|--------------------|---|

|  |   |
|--|---|
| Address (complete only different than shown above) | Signature of U.S. Marshal or Deputy  |
|--|---|

*Costs shown on attached USMS Cost Sheet >>*

REMARKS

*Nurse Lynn is not enough information to locate her. She might of been contracted thru Beacon Health, I reached out to them and they need more information (last name). St. Joseph CO. Jail does not have a Nurse Lynn that works there.*